



Village of Winthrop Harbor
830 Sheridan Road
Winthrop Harbor, IL 60096

Phone: 847-872-3846 - Fax: 847-872-0639 - Web: www.WinthropHarbor.com

APPLICATION FOR LICENSE OR PERMIT

ORD. Chapter 126	PURPOSE Tobacco Dealer License
TYPE ___ New ___ Renewal	
FEE(S) ___ Class A – General Tobacco Sales Retailer Annual Fee: \$250 ___ Class B – Primary Tobacco Sales Retailer Annual Fee: \$3,000 ___ Class C – E-Cigarette Sales Retailer Annual Fee: \$3,000 ___ X Commercial Business Annual Fee: \$25	

Date of Application: ____/____/____

NAME OF BUSINESS: _____

Applicant's Name: _____

Type of Business: _____

Business Address: _____

Business Phone Number: (____) _____ - _____

Website: _____ Email Address: _____

I (We) certify that the applicant (s) will not violate any of the laws of the state or of the United States or any ordinance of the Village in the conduct of business.

I (We) certify that all the information given is true and correct to the best of my (our) knowledge.

Applicant's Signature(s):

1. _____ Date: ____/____/____

2. _____ Date: ____/____/____



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OWNER'S INFORMATION

Are you the sole owner of the business for which this license is applied? Yes No

1 _____
(Name)

Date of Birth: ____/____/____

Home Address: _____

Home Telephone Number: (____) _____ - _____

Cell Phone: (____) _____ - _____

How long at current address: _____

Percentage of Ownership: _____%

If Corporation: Date of Incorporation: ____/____/____ State of Incorporation _____

If Partnership: Date of Formation of Partnership: ____/____/____

Place of birth: _____

US Citizen? Yes No

Naturalized Citizen: Yes No If Yes, place of Naturalization: _____

Date of Naturalization ____/____/____

Have you ever been convicted of a felony or immoral conduct? Yes No

If yes, explain where: _____

Applicant's Signature

NOTARY CERTIFICATION (Mandatory)

The foregoing signature was executed before me this _____ day of _____, 20__.

Notary Signature

Notary Seal



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2 _____
(Name)

Date of Birth: ____/____/____

Home Address: _____

Home Telephone Number: (____) ____ - ____

Cell Phone: (____) ____ - ____

How long at current address: _____

Percentage of Ownership: _____%

If Corporation: Date of Incorporation: ____/____/____ State of Incorporation _____

If Partnership: Date of Formation of Partnership: ____/____/____

Place of birth: _____

US Citizen? ___ Yes ___ No

Naturalized Citizen: ___ Yes ___ No If Yes, place of Naturalization: _____

Date of Naturalization ____/____/____

Have you ever been convicted of a felony or immoral conduct? ___ Yes ___ No

If yes, explain where: _____

Applicant's Signature

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3 _____
(Name)

Date of Birth: ____/____/____

Home Address: _____

Home Telephone Number: (____) ____ - ____

Cell Phone: (____) ____ - ____

How long at current address: _____

Percentage of Ownership: _____%

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If Partnership: Date of Formation of Partnership: ____/____/____

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Naturalized Citizen: ___ Yes ___ No If Yes, place of Naturalization: _____

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Character of Business: _____

Length of time applicant has been in business of that character. _____

STATE License Number from the Illinois Department of Revenue: _____
(Unless already bonded under the Cigarette Tax Act of the Cigarette Use Tax Act)

Have you ever applied for a tobacco license before? ____ Yes ____ No

If yes, where: _____

Has any state or subdivision thereof, or by the federal government license ever been revoked?
____ Yes ____ No

If yes, please explain: _____

The following items must accompany your Tobacco Dealer license application:

_____ Fingerprints of all Principals (new applicants only or change of ownership)

_____ Articles of Incorporation (non-residents or changes)

_____ Copy of Building Lease

_____ Copy of the corporate charter currently on file with the Illinois Secretary of State (If applicable)

_____ Copy of Driver's License of all Principals



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§ 126.99 PENALTY.

Any person, firm or corporation violating any provisions of this chapter (other than the specific fines and suspension provisions set forth in § [126.12](#)) shall be fined not less than \$25 nor more than \$750 for each offense.